

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

RECEIVED
EMAIL
OCT 20 2008

COMMITTEE NAME (Must be same as on Statement of Organization)

Long for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Eugene Long Political Party (if applicable) Republican
Office Sought County Supervisor District (if Senate or House) N/A

| | |
|--|------------------------------------|
| FORM DR-2 (Rev. 07/2007) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # _____ | |
| Logged In _____ | |
| Scanned _____ | |
| Computer _____ | |
| Audited _____ | |

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

EUGENE LONG

641-891-8437

10-14-08

I AM FILING A OCTOBER 14, 2008 REPORT FOR (1) ELECTION /(2)NON-ELECTION
YEAR.

(report date)

Indicate by # 1 ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
11-04-08--

County & Local Committees, enter County in
which Election is held

POWESHIEK

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 393.34

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 600.00

Schedule F: Loans Received total (Attach Schedule F) 00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 613.13

Schedule F: Loan Repayments total (Attach Schedule F) 00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)..... \$ 380.21

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ 00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ \$49.92

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ 00

CONSULTANT BREAKDOWN (Schedule G Attached?) YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

(Including candidate's personal funds)

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|--|--|
| SCHEDULE <div style="text-align: center; font-size: 24pt; font-weight: bold; margin: 10px 0;">A</div> 0 MONETARY (Rev. 07/03) | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| <div style="display: flex; justify-content: space-between; align-items: center;"> RECEIPTS </div> <div style="text-align: center; margin-top: 20px;"> <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM </div> | |

COMMITTEE NAME (Must be same as on Statement of Organization)
LONG FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND-RAISER INCOME |
|---------------------------------------|--|---|--|-----------------|-----------------------------|
| 07-25-08 | ID# CK# | EUGENE LONG 4531 100 ST MONTEZUMA, IA 50171 | SAME | \$500.00 | |
| 08-12-08 | ID# CK# | Chuck Dunham Box 129 Deep River, IA 52222 | | \$100.00 | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
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| | ID# CK# | | | | |
| | ID# CK# | | | | |
| SUB-TOTAL | | | | \$ 600.00 | |
| TOTAL (if last page of this schedule) | | | | \$ 600.00 | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

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|---|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)
LONG FOR SUPERVISOR

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|---|---|-----------------------------------|--------------------|
| 8-11-08 | ID# CK#1002 | PAW MKTG 110 N ORCHARD ST. BROOKLYN, IA 52211 | YARD SIGNS | \$609.38 |
| 08-13-08 | ID# CK# | PEOPLES SAVINGS BANK P.O. BOX 160 MONTEZUMA, IA 50171 | BANK CHARGES | \$1.34 |
| 09-10-08 | ID# CK# | PEOPLES SAVINGS BANK P.O. BOX 160 MONTEZUMA, IA 50171 | BANK CHARGES | \$1.34 |
| 10-08-08 | ID# CK# | PEOPLES SAVINGS BANK P.O. BOX 160 MONTEZUMA, IA 50171 | BANK CHARGES | \$1.07 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$613.13 |
| TOTAL (if last page of this schedule) | | | | \$613.13 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

LONG FOR SUPERVISOR

| | |
|---|--------------------------|
| SCHEDULE E (Rev. 06/97) | IN KIND CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | ✓ IF FOR FUND-RAISER CONTRIBUTION |
|---|---|---|---|-----------------------------------|---|
| 10-08-08 | EUGENE LONG 4531 100 ST MONTEZUMA, IA 50171 | SAME | CANDY | 19.92 | |
| 09-24-08 | EUGENE LONG 4531 100 ST MONTEZUMA, IA 50171 | SAME | T-SHIRTS | 30.00 | |
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| SUB-TOTAL | | | | \$49.92 | |
| TOTAL (if last page of this schedule) | | | | \$49.92 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.